FILE NOW: FILING FEE IS $61.25

FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44499 (4)

1. Corporation Name
HEALTHPARK CARE CENTER, INC.

Principal Place of Business	Mailing Address
16131 ROSERUSH COURT FT MYERS FL 33908	16131 ROSERUSH COURT FT MYERS FL 33908-3634

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 06/07/1996

2. Principal Place of Business — 21: —
2a. Mailing Address — 26: —
Suite, Apt. #, etc. — 22: —
Suite, Apt. #, etc. — 27: —
City & State — 23: —
City & State — 28: —
Zip — 24: — Country — 25: —
Zip — 29: — Country — 30: —

4. FEI Number: 65-0319983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCURDY, ROBERT C
2776 CLEVELAND AVE
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, LOIS C		1.2 NAME		
STREET ADDRESS	242 STEVENS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, ANNA E		2.2 NAME		
STREET ADDRESS	902 SE 21ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COGGINS, LESTER SR		3.2 NAME		
STREET ADDRESS	PO BOX 69 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	GREEN, CAROLE A.		4.2 NAME	Green, Carole A.	
STREET ADDRESS	5260 S. LANDINGS DR. #16-A		4.3 STREET ADDRESS	5260 S. Landings Dr., #1601	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	VC	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUDGEL, EDWARD M.D.		5.2 NAME		
STREET ADDRESS	13319 OAK HILL LOOP S.E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VC	☒ Change ☐ Addition
NAME	ENGLISH, JAMES J.		6.2 NAME	English, James J.	
STREET ADDRESS	1255 FLORIDA AVE		6.3 STREET ADDRESS	1255 Florida Ave.	
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP	Ft. Myers, FL 33901	

RECEIVED
JUL 31 1997
LEE MEMORIAL HOSPITAL
ACCOUNTS PAYABLE

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

OTHER BOARD MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Ellis 2348 Sycamore St. St. James City, FL 33956	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Stout 4925 SW 10th Ave. Cape Coral, FL 33914	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Atkinson, D.D.S. 270 Egret Avenue Fort Myers Beach, FL 33931	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Martin Bayshore Village 15890 Lake Point Court N. Ft. Myers, FL 33919	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Daniels 2525 E. First Street, Apt. A-105 Fort Myers, FL 33901	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. Pete Doragh 12071 Wedge Drive Fort Myers, FL 33913	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kimberley Shank 222 Hancock Bridge Pkwy., #2 Cape Coral, FL 33990	☒ Delete

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